

City of San Diego  
Commission for Arts and Culture

**FY2006 ALLOCATIONS PROGRAMS**  
**REQUEST FOR PAYMENT INSTRUCTIONS**

**Please read these step-by-step instructions to complete your Request for Payment form.**  
**Incorrect submissions will be returned for corrections and could delay your payment.** For assistance, please call Teresa Holm, Contracts Coordinator at (619) 533-3053.

**I. How often can I request reimbursement?**

In accordance with your Agreement, you may submit a Request for Payment form at the end of each quarter (i.e. after September 30, December 31, March 31 and June 30) to receive reimbursements for expenses for which payment has already been made.

**II. How do I fill out the form?**

**SIDE ONE**

1. Enter the organization's name and contact information as shown. Be sure to include the name of the person completing the form so we know whom to contact if there are any problems.
2. The **Request Period** indicates the months for which you are requesting reimbursement.
3. The **FY06 TOT Allocation Column** contains information from your contract's Exhibit A. This is how you are allocating your City Contract funding for the year. Do not provide us with your organization's entire operating budget. This information pertains only to how you have elected to spend your TOT funds for the year. This column will look the same in each your FY06 Request for Payment Forms.
4. The **Payments to Date Column** shows the sum total of your TOT contract payments to date. Your first Request for Payment Form will not have any information in this column.
5. The **Total Organization Expenses Column** shows the sum total of your expenses on each of the Expense Classification for the current request period.
6. The **Payment Request Column** shows how much money you want to draw down on each Expense Classification for which you have budgeted your TOT Contract Allocation (as shown in the FY06 TOT Contract Budget Column and explained in #3 above).

**SIDE TWO**

1. The **Request for Payment Budget Details** lists the exact *purchases* for which you are requesting your reimbursement and should include the check number, vendor (who the check was written to), check date, the amount of the check and the classification code. The classification codes are listed at the top of the page and correlate with the budget line items for which you selected to be reimbursed with your TOT funds. **Please only provide information for those checks for which you request your reimbursement. We do not need information on every check your organization has written for the period.**

2. The **Matching Income Information** section indicates your progress towards meeting the applicable 3:1 Matching Funds Requirement.
  - (1) **Total Matching Dollars Required for this Contract Year** is determined by multiplying your TOT allocation by the required **3:1** matching ratio.
  - (2) **Total Matching Dollars Received to Date** is a cumulative amount. Each quarter, add up the amount listed in your source of matching income and add that to the prior quarter's matching income. The final request will reflect all **four (4) quarters** matching income.
  - (3) **Matching Dollars Required for this Request Period** is determined by multiplying your **Payment Request** by the **3:1** matching ratio.
  - (4) **Sources and Amounts of Matching Income you received for This Request Period --** Please provide the **date** the funds were received, their **source**, and the **amount** received from each source. Your payment request will not be processed without the appropriate matching funds information.
3. Have your organization's Authorized Signer sign and date the form before you send it in.
4. Make a copy of both sides of the form for your own files.

### **III. Do I need to include copies of my checks with the Request for Payment Form?**

**No.** You are not required to submit copies of invoices or cancelled checks as proof of incurrence and payment of expenses, but you must keep invoices and proofs of payment on file until the City conducts an audit of your organization's contract files or until a period of three years has elapsed, whichever occurs first. Please read your Agreement for further information regarding your organization's financial compliance requirements.

### **IV. What about the use of credit cards?**

If you are requesting reimbursement for items paid for with a credit card you must include with your request, a copy of the credit card statement with the items highlighted that you are requesting payment for as well as copies of the itemized receipts for the purchases highlighted on the credit card statement. We are unable to reimburse these purchases without full itemization.

### **V. We use direct deposit for our payroll, how do I show it on the form when there is no check number?**

Indicate "direct deposit" in the check number column and include a copy of the statement from your payroll company with the items you are seeking reimbursement for highlighted.